

Workforce Innovation and Opportunity Act Case Closure Steps

1. Gather performance verifications for participant(s).
2. Send the name(s) of the participants you wish to close out along with the reasons for closure to Opportunity Inc.'s Youth Program Coordinator.
3. When approval is given, go into VOS and close out all activities and goals for the participant(s).
4. After case closure is completed, arrange a day and time to transfer the participant physical files over to Opportunity Inc.'s Youth Program Coordinator.

NOTE: The case manager is responsible for following up with the participant for the initial ninety (90) days following case closure.

Workforce Innovation and Opportunity Act Performance Verifications

Attainment of a Degree or Certificate

- Copy/Picture of degree or certificate
- Copy/Picture of transcript showing the date the degree or certificate was earned
- Telephone/Email verification from educational institution staff

Entry into Post-Secondary Education

- Copy/Picture of acceptance letter
- Copy/Picture of class schedule
- Copy/Picture of student identification card
- Telephone/Email verification from educational institution staff

Entry into Unsubsidized Employment

- Copy/Picture of pay stub
- Telephone/Email verification from employer



VEC Request of Confidential VEC Information – WIOA

(authorized for use only by WIOA Partners & Service Providers with a current VEC Data Sharing Agreement)

VEC Local Office: _____

WIOA Area # 16

This form MUST be completed in its entirety PRIOR to the release of any confidential VEC information. This form is required each time confidential VEC information is requested.

Legal Entity Name Opportunity Inc. of Hampton Roads Phone (757)314-2370
(as shown on data sharing agreement)

Address: 999 Waterside Drive, Suite 1314, Norfolk, VA 23510

Representative: Ms. Amanda Green Date _____

Client Name _____

Instructions for WIOA Service Provider: The individual's consent below is required prior to submission to VEC and must be presented every time confidential Information is requested throughout the duration of WIOA eligibility. When faxing this form to the local VEC office, send with a cover sheet on your organization's letterhead, including your name, address, phone, and fax number. ***Do Not Email This Form***

Consent to Release Confidential Information

Instructions for Client: Complete this section to consent to the release of information as described below.

Initial either or both lines below indicating the information to be released.

Sign, date and print your name where indicated.

I consent to allow the organization named above to request and obtain all available information about me from the Virginia Employment Commission's state government files concerning:

- my employer information and the wages paid to me
- my unemployment compensation benefits

I consent to this release on the condition that the information will only be used for the purpose of assisting in the determination of my eligibility for services under the Workforce Innovation and Opportunity Act (WIOA) and throughout the duration of my WIOA eligibility; that it will be kept confidential; and, that it will not be provided to any other organization.

Signature _____ Date _____

Printed Name _____ SSN _____
(Social Security Number)

VEC LOCAL OFFICE USE

VEC Representative Providing Information _____ Date _____

Instructions for local VEC office: DG90 (Benefits History) and DG91 (Wage History) screens can be provided.

Send this form via VEC inter-office mail to: Central Office, Information Control, Room 201.

Please do not send screen prints - just this form and the fax cover sheet, if applicable.



RELEASE OF INFORMATION

OFFICE OF STUDENT CONDUCT & ACADEMIC INTEGRITY

Old Dominion University
2122 Webb Center
Norfolk, VA 23529

(757) 683-3431 Phone
(757) 683-6220 Fax
<http://studentaffairs.odu.edu/oscai>

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records, including (but not limited to) student conduct records. To learn more about the rights granted to students via FERPA visit: <http://www.ed.gov/policy/gen/guid/fpco/pdf/ferparegs.pdf>.

By signing this form, you agree that the Office of Student Conduct & Academic Integrity, or its authorized agents at Old Dominion University, may disclose information from your education records to a third party (or parties) as indicated in the dashed box below.

I, the undersigned, authorize the Office of Student Conduct & Academic Integrity (and its authorized agents at Old Dominion University) to release the following education records and any information contained therein (please specify):

- All records and information contained in my student conduct file; or
- The below-listed record(s) only:

These records may be disclosed to (name and address of person/agency authorized to receive records/information):

Person(s)/Agency: _____

Relationship to Student: _____

Person(s)/Agency Address: _____

Person(s)/Agency Phone: _____

For the purpose of:

I understand and acknowledge that: (1) I have the right not to consent to the release of information contained in my education records; and (2) this consent shall remain in effect until revoked by me, in writing, but that any such revocation shall not affect disclosures made prior to the receipt of any written revocation.

Student Name (Print)

UIN

Student Signature

Date

Please return completed form to the Office of Student Conduct & Academic Integrity.



Permit to Disclose Personally Identifiable Information From Educational Records

... following information is required by the Family and Educational Rights and Privacy Act of 1974, as amended, in order for the College to be authorized to release the information you indicate. This procedure is followed to protect your privacy. Please complete the form below and return it to any campus Enrollment Services Office. Standing requests are not honored. A student must submit this form to the Enrollment Services Office upon each request for disclosure.

Print full name _____ Former name(s) _____

Birthdate (dd/mm/yy) _____ SSN#* _____ SIS ID _____

**Social Security Number not required, but highly recommended for students whose last attendance was 2003 or earlier, so that the record can be located more efficiently.*

In processing your request, TCC may need to furnish and/or confirm your Social Security Number (SSN) with the third party that you have specified. Per the Federal Educational Rights and Privacy Act (FERPA), you have the right to authorize or prevent disclosure/confirmation of your SSN to most third parties. As such, please indicate below whether TCC is authorized to release your SSN if requested and/or needed in processing this request.

- I authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request
- I do not authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request
(NOTE: In some instances, TCC may be lawfully required to disclose a student SSN)

1. The record(s) to be disclosed is (are):

- Information from your TCC Application for Admission form
- Permanent record (grades, GPA, degrees, etc.)
- Enrollment record(s) for _____ Year _____
- Other (describe: i.e., estimated completion date, previous graduation, etc.)

2. The purpose(s) of disclosure is (are):

- Certify current enrollment at Tidewater Community College
 - College level (credit/unit)
 - Full-time (12 or more credit hours)
 - Part-time (less than 12 credit hours)
 - Workforce Development (CEU or non-credit program)
- Certify past enrollment at Tidewater Community College
- Defer payment to _____
- Other (describe) _____

3. The person or organization to whom this disclosure is to be made:

Name of party _____

Address of party _____

4. Hold for student pick up of requested information
 Mail requested information

Signature of student (Authorization to release) _____ Date _____ Campus of Record _____

Street address _____ Telephone number (contact or message #) _____

State _____ Zip _____

OFFICE USE ONLY

Processed by _____ Date _____



Permit to Disclose Personally Identifiable Information from Financial Records

In order to authorize the release of information to any party, other than the student, the following information must be provided. This is a requirement of the Family and Educational Rights and Privacy Act (FERPA) of 1974, as amended. Please complete this information and submit this form to the Paul D. Camp Community College Financial Aid Office.

Financial Aid Disclosure for the _____ Academic Year

_____ Hold for student pick up of requested information.

_____ Mail requested information to: _____

_____ Fax requested information to: (_____) _____

1. Records to disclose: _____ Financial aid information _____ Veteran affairs information

2. Purpose of Request:

- _____ Department of Rehabilitative Services _____ Parent request for information
_____ One Stop Program/Opplnc _____ Spouse request for information
_____ Department of Social Services _____ Work-study employment
_____ Redevelopment Housing Authority/HUD _____ Other: _____

3. The person or organization to which this disclosure is to be made: (please print)

Name: _____

Address: _____

Street Address City State Zip

In processing your request, PDCCC may need to furnish and/or confirm your social security number (SSN) with the third party that you have specified above. Per the Federal Educational Rights and Privacy Act (FERPA), you have the right to authorize or prevent disclosure/confirmation of your SSN to most third parties. As such, please indicate below whether PDCCC is authorized to release your SSN if requested and/or needed in processing this request.

_____ I authorize PDCCC to disclose/confirm my SSN if requested and/or needed in processing this request.
_____ I do not authorize PDCCC to disclose/confirm my SSN if requested and/or needed in processing this request.
(Note: In some instances, PDCCC may be lawfully required to disclose a student's SSN)

My signature below serves as affirmation that I authorize the release of personally identifiable information to the party listed above during the _____ academic school year at Paul D. Camp Community College.

Signature: _____ Date: _____
Print Name: _____ Campus of Record: _____
Address: _____ SIS ID: _____
_____ Telephone: (_____) _____
City State Zip

OFFICE USE ONLY

Processed by: _____ Signature: _____



The College of William and Mary
 Office of the University Registrar
 Blow Memorial Hall Room 124
 PO Box 8795
 Williamsburg, VA 23187-8795
 (757) 221-2800 Fax: (757) 221-2151
 registrar@wm.edu

ENROLLMENT VERIFICATION REQUEST

SECTION A

STUDENT INFORMATION

Student Name (Last) _____ (First) _____ (MI) _____ 93# _____
 Student ID# (or provide your SSN to help us match this form to your records) _____
 Phone # _____ Date of Birth ____/____/____ E-Mail: _____@_____

SECTION B

VERIFICATION TYPE

SELECT ONE (1):

- BASIC ENROLLMENT VERIFICATION (Includes: full-time/part-time status, expected graduation date, major(s), minor, credit hours, dates attended.)
- BASIC ENROLLMENT VERIFICATION – GPA Included (Includes information from Basic Enrollment Verification AND cumulative and term GPA.)
- BASIC ENROLLMENT VERIFICATION – Schedule Included (Includes information from Basic Enrollment Verification AND current schedule of classes.)
- DEGREE VERIFICATION- Include GPA? YES NO
 Includes: major(s), minor, degree earned, degree date, terms attended Degree Year: _____

SECTION C

ADDITIONAL INFORMATION

- Include Pre-Registration for upcoming semester. (Processed only if you have registered for upcoming semester).
 NOTE: You are not officially enrolled until the first day of classes of the semester.
- Additional information such as name of company, policy number, named of insured, etc. to be included on report:
 (If SSN or current campus address is needed, please specify exact number or address below.)

- Please complete and include attached form for _____ semester(s).

SECTION D

FORWARDING INSTRUCTIONS

SELECT ONE (1):

- Hold for pick-up. (photo ID required)
- Email to: _____@_____
- Fax: (____) ____ - ____ Attn: _____
 Company/Organization: _____ Phone Number: (____) ____ - ____
- Mail
 TO: _____

 City State Zip
- Permit _____ to pick up on my behalf. (Photo ID is required.)

 Signature required for pick up.

 Student Signature

 Date

*****FOR OFFICE USE ONLY*****

Processed: Initials _____ Date _____

Pick-up/E-Mailed/Mailed/Faxed: Initials _____ Date _____

FERPA CONSENT TO RELEASE STUDENT INFORMATION

The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of his/her educational records. Please complete and sign this form to authorize release of your educational records.

Please provide information from the education records of:

Student's name – print

To: _____
Name(s) of requestor

Relationship to the student such as "parent," "spouse," "prospective employer," or "attorney"

Password/code (select an identifier to provide requestor) or agency or company Tax ID number of requestor

Note: This consent does not cover medical records held solely by Student Health Services or University Counseling Services. Contact those offices for consent forms.

Student Declaration:

I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor.
I understand that this form remains in effect until otherwise revoked by me.

Student Name (print) _____

Student Signature _____

Student ID Number _____

Academic Year _____ Date _____

Notary Signature _____

Form must be notarized if not delivered in person by student.

Send form to appropriate office.

Virginia Commonwealth University

Office of Financial Aid • P.O. Box 843026 • Richmond, VA 23284

Office of Records and Registration • P.O. Box 842520 • Richmond, VA 23284

Student Accounting Department • P.O. Box 843036 • Richmond, VA 23284



Virginia Commonwealth University
Office of Records & Registration
Division of Student Affairs & Enrollment Services
P.O. Box 842520 • Richmond, VA 23284-2520
www.enrollment.vcu.edu/rat/